Child and Adult Care Food Program Contract Manual

Department of Public Instruction/Community Nutrition Team
Revised September 2016

Click on the links in the Table of Contents to go to each section. When on each page click on the heading to return to the Table of Contents.

NEW

This means an addition/change has been made to the contract that may require your attention.

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NOTE: Throughout this manual there will be words that are blue & underlined. Click on these to open a specific document, go to a website, or to learn more information.

Navigating the Contract

Saving the Contract Data:

- Clicking **'Continue'** at the bottom of each page saves information/data entered
- If exiting the system before completing the contract, click '**Continue**' to save current data

Time Limitations:

- A timer starts from the moment the contract site is entered. **If there is no activity for 30 minutes, the user will get an error message and has to return to the main *Login* screen. Any data on the page you were working will not be saved.**
- Any movement on a page will reset the 30-minute timer.

Returning to previous pages:

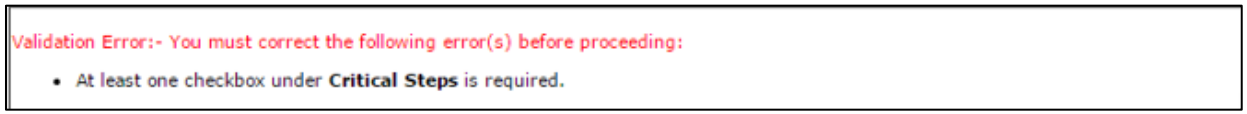
- Click on one of the links at the bottom of the page. The name of the link will tell you what page you will go to.
- Links with an asterisk (*), means the link is only accessible to Sponsoring Organizations
- If you click on the '**Back'** icon at the top of the screen, your data will not be saved from the screen you are currently on

Exiting the Contract:

- Click '**Logout**' in the upper right corner of the blue boxes.
  - If exiting the system before completing the contract, click '**Continue**' to save current data

Validation Errors:

- If required information is missing or has been entered incorrectly, you will see a '**Validation Error**' at the top of the page. The error will list what information is missing or was entered incorrectly.



Logging into the Contract & DUNS

Go to this website: http://dpi.wi.gov/nutrition/online-services **Google Chrome is highly recommended.**

Bookmark Wisconsin Child & Nutrition Programs Online Services webpage only, NOT the log-in page, in order to receive important information regarding claims and contracts.

1. Click on '**Online Services Log-in**'.

2. Enter Agency Code and Password. Click **'Submit'**

   New Agencies: Enter the temporary agency code and password. After your contract is approved, you will receive your permanent agency code and password.

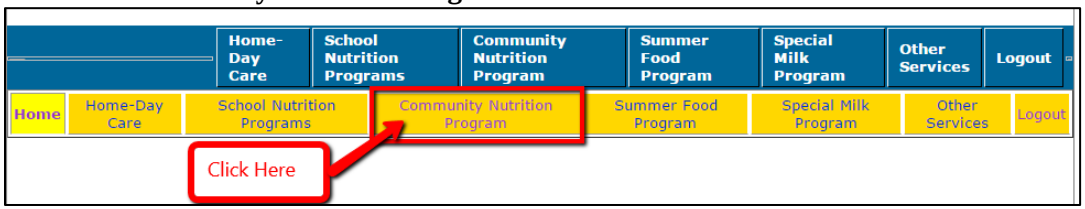
NEW AGENCIES ONLY:

DUNS INFORMATION

- Obtain a DUNS number if your agency does not have one (see instructions, page 1)
- Enter DUNS number on Child Nutrition Programs **Online Services page** (see instructions, page 2)

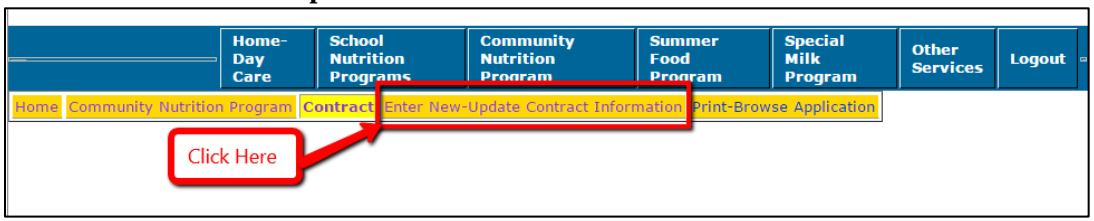
Logging into the Contract (continued)

3. Select **'Community Nutrition Program'**

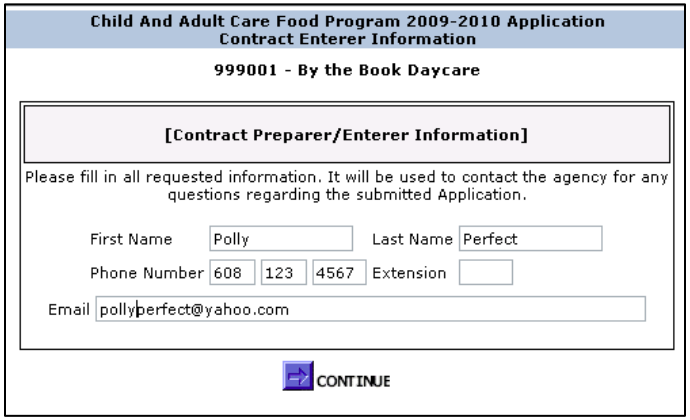


4. Select **'Contract'**

5. Select '**Enter New – Update Contract Information**'



6. Enter the name and contact information for the person who is completing the contract. This information will not be reflected in the contract.



Click '**Continue**'

General Information

When entering information make sure to use correct spelling, capitalization, punctuation, etc., as the data will be saved as it is entered.

Review all fields, including those that have been pre-populated from the previous FFY.

Agency Name: **Must** match legal entity name found on IRS documentation.

Federal Employer Identification Number: (FEIN): Do not include dashes (-)

Congressional District: Use one of the following to determine the number.

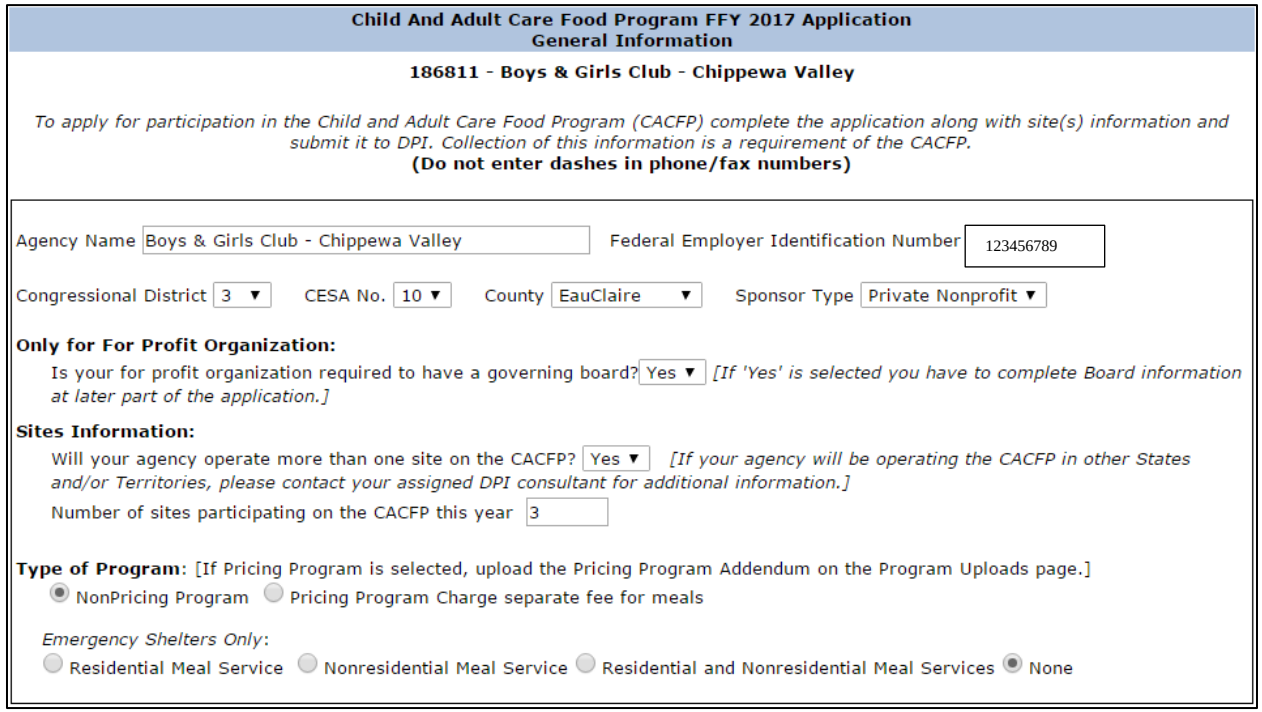
- Map
- Address Locator

CESA Number: Use this map to determine the number

County: Click on the drop-down box to select the county of the agency street address for the Institution/Sponsoring Organization.

Sponsor Type: Click on drop-down box and select the applicable type: Nonprofit, Public, or For Profit

- Tribal agency must select Public



Child And Adult Care Food Program FFY 2017 Application
General Information

186811 - Boys & Girls Club - Chippewa Valley

To apply for participation in the Child and Adult Care Food Program (CACFP) complete the application along with site(s) information and submit it to DPI. Collection of this information is a requirement of the CACFP.
(Do not enter dashes in phone/fax numbers)

Agency Name: Boys & Girls Club - Chippewa Valley
Federal Employer Identification Number: 123456789
Congressional District: 3
CESA No.: 10
County: EauClaire
Sponsor Type: Private Nonprofit

Only for For Profit Organization:
Is your for profit organization required to have a governing board? Yes *[If 'Yes' is selected you have to complete Board information at later part of the application.]*

Sites Information:
Will your agency operate more than one site on the CACFP? Yes *[If your agency will be operating the CACFP in other States and/or Territories, please contact your assigned DPI consultant for additional information.]*
Number of sites participating on the CACFP this year: 3

Type of Program: [If Pricing Program is selected, upload the Pricing Program Addendum on the Program Uploads page.]
NonPricing Program Pricing Program Charge separate fee for meals

Emergency Shelters Only:
Residential Meal Service Nonresidential Meal Service Residential and Nonresidential Meal Services None

Only for For Profit Organization: Select whether your organization is required to have a governing board.

Sites Information:

- Select if your agency will operate more than one site in the CACFP.
- Enter the number of sites currently participating in the CACFP.

Type of Program:

- **Non-Pricing Program:** No charge for meals.
- **Pricing Program:** Separate charge for meals. Pricing programs must complete a yearly Pricing Program Addendum and upload on the *Program Uploads* page. Contact your DPI Consultant for additional information and guidance.
- **Emergency Shelters Only:** Select applicable option for your agency. If **not** an Emergency Shelter, you must select **'None'**

General Information (Continued)

Agency Street Address

- **Independent Agencies:** Enter address of the site location
- **SO:** Enter address of the administration office or main location

Mailing Address: Enter agency mailing address

Agency Street Address
Street Address 201 East Lake Street
City Eau Claire Zip 54701 +
Mailing Address (Enter even if it is the same as the street address listed above)
Street/P.O. Box 201 East Lake St
City Eau Claire State Wisconsin Zip 54701 +

Enter the requested information for the following:

- Authorized Representative
- Executive Director, if N/A, check the 'Check if Not Applicable' box
- Secondary Contact, if N/A, check the 'Check if Not Applicable' box

Note : The Authorized Representative and Executive Director cannot have a business relationship with the Governing Board, other than serving as the Authorized Representative or the Executive Director.

Authorized Representative
First Name Polly Last Name Perfect
Date of Birth 9 / 3 / 1983 [MM/DD/YYYY] Title Director of Operations
Phone Number 7155678910 Extension Fax Number 7155671234
Email Address pollyperfect@yahoo.com

Executive Director Check if Not Applicable
First Name Bob Last Name Square
Date of Birth 3 / 18 / 1962 [MM/DD/YYYY] Title Executive Director
Phone Number 7155678910 Extension Fax Number 7155671234
Email Address bobsquare@yahoo.com

Secondary CACFP Contact Check if Not Applicable
First Name Laci Last Name Roy
Title Chief Operation Officer
Phone Number 7155678910 Extension Fax Number
Email Address laciroy@yahoo.com

CONTINUE

Authorized Representative (AR): Official within the organization with the legal authority to enter into contracts and execute such documents on behalf of the organization. The AR certifies that the organization agrees to conform to the CACFP regulations, guidelines, and policies and may or may not complete any or all CACFP tasks but is ultimately responsible for the CACFP.

Executive Director: Chief Executive Officer or managing director of an organization, company, or corporation. The Executive Director is accountable to the Chairman of the Board and reports to the board on a regular basis.

Secondary CACFP Contact: Additional person designated to receive all CACFP email correspondence.

NEW This person cannot have the same e-mail address listed as the AR.

Click **'Continue'**

Estimated Enrollment Information

Child Care Centers, **Outside of School Hours Centers:** Enter the total estimated **monthly** number of children in the non-needy, reduced and free categories for all sites.

At-Risk: Enter all children in the free category.

Adult Care: Enter the estimated **monthly** number of adult participants in the non-needy, reduced and free categories for all sites.

Estimated Monthly Enrollment by Need Category for all centers/sites participating in the CACFP under your administration. This information needs to be submitted only once.

a) Child and Adult Care Center(s) (Sites)

Type	Estm. Enrollment for Non-Needy/Paid Categories All Sites	Estm. Enrollment for Reduced Categories All Sites	Estm. Enrollment for Free Categories All Sites	Total Enrollment All Sites
Child Sites	0	0	1250	1250
Adult Sites	0	0	0	0

Emergency Shelters (ES): Enter estimated enrollments and total daily meals for all sites. **For all other agencies enter zeros**.

NEW

All ES sites must check the box: *Check here to certify that your agency's primary purpose of the emergency shelter is to provide temporary residential and food services to homeless children and their families.*

b) Emergency Shelters Only (Sites)

☐ Check here to certify that your agency's primary purpose of the emergency shelter is to provide temporary residential and food services to homeless children and their families.

Participants Category	Estimated Enrollments for all sites	Meal Type	Estimated Total Daily Meals for all sites**
Eligible Children 0-18 Years	0	Breakfast	0
Resident of Any Age Who Have Disabilities	0	Lunch	0
Ineligible Children*	0	Supper	0
Adults	0	AM	0
Total Enrollment All Sites	0	PM	0
		Additional	0

USDA Foods or Cash-in-Lieu

Choose USDA Foods or cash-in-lieu of USDA Foods. **<u>ALL agencies will receive the selection preferred by a majority of the respondents.</u>** More details about USDA Foods can be found in GM 2.

c) USDA Foods or Cash-in-lieu

Does your agency wish to receive USDA Foods or cash-in-lieu of USDA Foods? Cash-in-lieu of USDA foods ▾

Click '**Continue**'

Records Information

Select '**Yes**' or '**No**' to the questions for:

- Seriously Deficient
- National Disqualified List
- Disbarment

If '**Yes**', provide an explanation.

Seriously Deficient: Has your institution or any person working for your institution, including board members and principal officers(e.g. Owner, Board President), ever been determined to have been seriously deficient or currently declared seriously deficient in this state or any state for its operation of any USDA Child Nutrition program, including the Child and Adult Care Food Program? No

If "Yes", please explain in the box below.

National Disqualified List: Has your institution or any person working for your institution, including board members and principal officers, ever been terminated or disqualified in this state or any other state from any USDA Child Nutrition Program, including the Child and Adult Care Food Program? No

If "Yes", please explain in the box below.

Disbarment: Has your institution or any person working for your institution, including board members and principal officers, ever been listed on the federal Excluded Parties List System (EPLS) for the mismanagement of any federal program? No

If "Yes", please explain in the box below.

NEW

Federal Awards: If your agency expended more than $750,000 in federal funding during the prior FFY, select **'Yes'.** If less than $750,000, select **'No'.** The following are common federal programs:

- Child Nutrition Programs: CACFP, SFSP, NSLP, SMP
- Federal Head Start (HS)
- Weatherization Assistance for Low-Income Persons
- Low Income Energy Assistance Program
- Emergency Shelter Grants Programs

W-2 and Medicaid are not federal programs.

Federal Awards: Did Agency expend $750,000 or more in total Federal awards during the prior Federal Fiscal Year?

NEW

Publicly Funded Programs (PFP):

- List all PFP (federal, state or local) the institution and its principals have participated in the past 7 years.
  - Examples: CACFP, Head Start, W-2
- To help collect this information from all principals you may use the Publicly Funded Programs form.

Publicly Funded Programs and Years of Participation

List all publicly funded programs (PFP) the institution and its principals have participated in the past seven years.

- Publicly Funded Program (PFP): Any program funded whole or in part by federal, state or local government.
- Principal: Any individual who holds a CACFP related management or supervisory position within, or is an officer or, an institution. This includes the executive director and all members of the institution's governing board of directors or similar body.

List all publicly funded programs:

- New Agency: List all PFP the institution and/or its principal(s) have participated in during the past seven years.
- Renewing Agency: List any new PFP the institution and/or its principal(s) have begun to participate in during the past year.

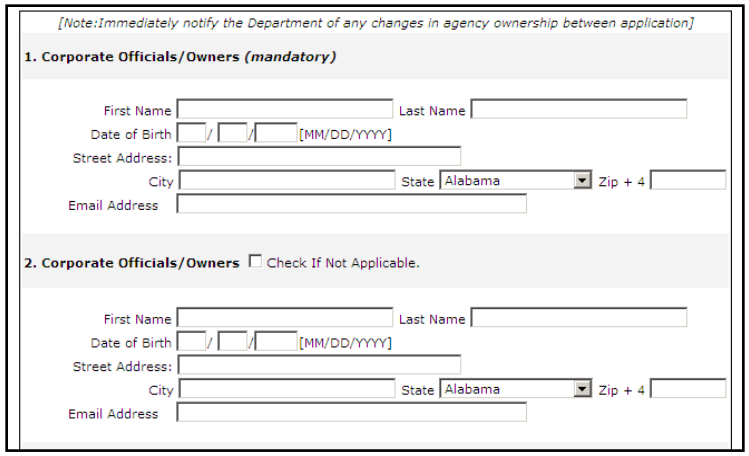
- Has the institution or any of its principals ever been disqualified from participation in any PFP? Select '**Yes**' or '**No**'.
- If '**Yes**' answer the next question.

Has the institution or any of its principal(s) ever been disqualified from participation in any PFP for violating that program's requirements? No

If yes, were the violation(s) corrected and eligibility restored to participate in the program(s)? (If "No", submit a written explanation via email to your assigned consultant.)

Click **'Continue'**

Corporate Official/Owner Information (For Profit Agencies Only)


[Note:Immediately notify the Department of any changes in agency ownership between application]

1. Corporate Officials/Owners *(mandatory)*

First Name | Last Name
Date of Birth / / [MM/DD/YYYY]
Street Address:
City | State Alabama | Zip + 4
Email Address

2. Corporate Officials/Owners ☐ Check If Not Applicable.

First Name | Last Name
Date of Birth / / [MM/DD/YYYY]
Street Address:
City | State Alabama | Zip + 4
Email Address

Corporate Official/Owner

Enter the required information in all fields for each Corporate Official/Owner:

- Select the correct state, the default is Alabama
- Current email address for all listed owners and/or corporate officials must be provided
  - If the Authorized Representative and the Corporate Official/Owner are the same person you must list a different e-mail address on this page
- If agency does not have additional Corporate Officials/Owners, you must select the "Check If Not Applicable" box(es)

Public Agency: Not applicable & screen will not appear.

Click **'Continue'**

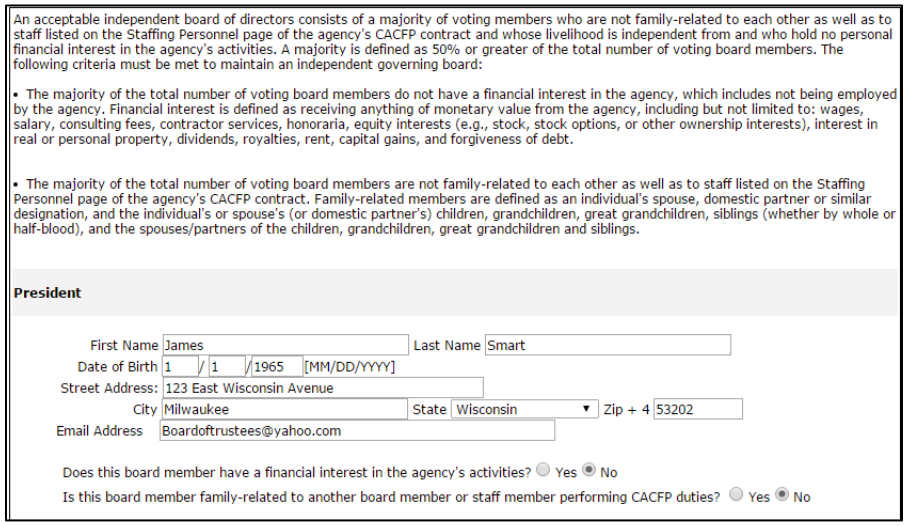
Board Members Information (Non Profit Agencies Only)

An acceptable independent board of directors consists of a majority of voting members:

- Who are not family-related to each other;
- Who are not family-related to staff listed on the Staffing Personnel page of the agency's CACFP contract;
- Whose livelihood is independent from the agency's activities; **AND**
- Who hold no personal financial interest in the agency's activities

A majority is defined as 50% or greater of the total number of voting board members.

Definitions of family-related and financial interest are included at the top of this contract page.


An acceptable independent board of directors consists of a majority of voting members who are not family-related to each other as well as to staff listed on the Staffing Personnel page of the agency's CACFP contract and whose livelihood is independent from and who hold no personal financial interest in the agency's activities. A majority is defined as 50% or greater of the total number of voting board members. The following criteria must be met to maintain an independent governing board:

- The majority of the total number of voting board members do not have a financial interest in the agency, which includes not being employed by the agency. Financial interest is defined as receiving anything of monetary value from the agency, including but not limited to: wages, salary, consulting fees, contractor services, honoraria, equity interests (e.g., stock, stock options, or other ownership interests), interest in real or personal property, dividends, royalties, rent, capital gains, and forgiveness of debt.

- The majority of the total number of voting board members are not family-related to each other as well as to staff listed on the Staffing Personnel page of the agency's CACFP contract. Family-related members are defined as an individual's spouse, domestic partner or similar designation, and the individual's or spouse's (or domestic partner's) children, grandchildren, great grandchildren, siblings (whether by whole or half-blood), and the spouses/partners of the children, grandchildren, great grandchildren and siblings.

President

First Name James | Last Name Smart
Date of Birth 1 / 1 / 1965 [MM/DD/YYYY]
Street Address: 123 East Wisconsin Avenue
City Milwaukee | State Wisconsin | Zip + 4 53202
Email Address Boardoftrustees@yahoo.com

Does this board member have a financial interest in the agency's activities? ○ Yes ◉ No
Is this board member family-related to another board member or staff member performing CACFP duties? ○ Yes ◉ No

Enter the required information in all fields for all four governing board members:

- The Board President cannot list an email address that is the same as the Authorized Representative
- Enter a different email address for all four governing board members
- If your agency has a vacant board position, type in 'vacant' for the name and use vacant@hotmail.com for the email address.

NEW

For each board member answer the following two questions:

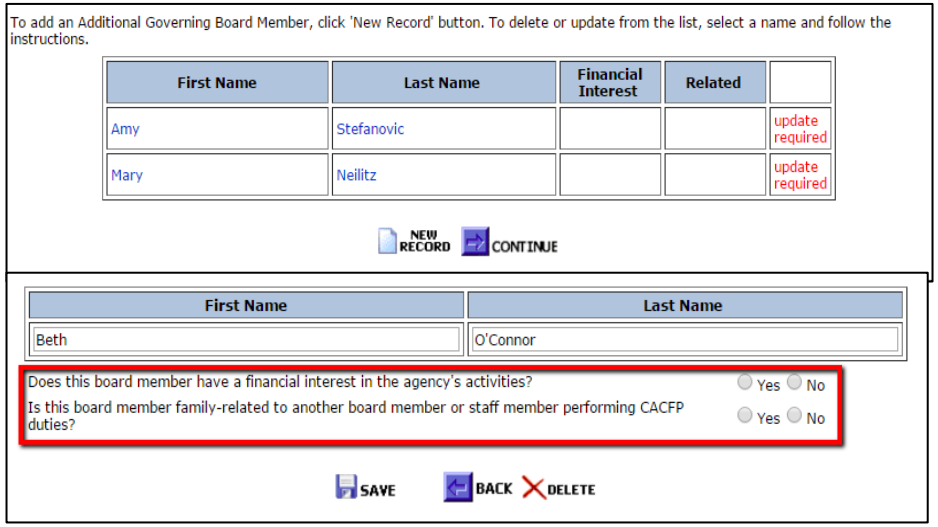
- '**Does this board member have a financial interest in the agency's activities?**'
- **'Is this board member a family-related to another board member or staff member performing CACFP duties?**'

Board members must remove themselves from voting on decisions related to their own financial interest and that of family members.

Click **'Continue'**

Additional Governing Board Members

Only list additional board members that have voting rights. Additional board members must adhere to the requirements of an acceptable independent board of directors listed on the Board Information page.

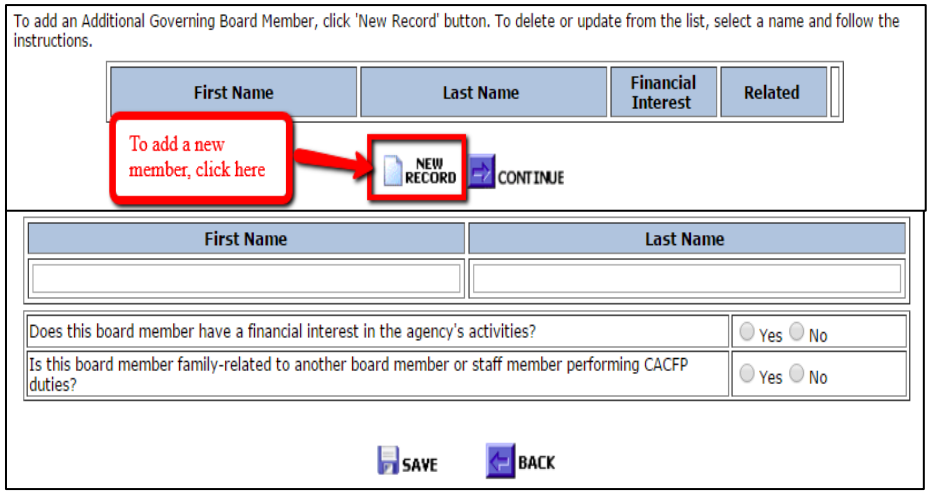


NEW

Agencies that have additional board members listed must make updates to each person. Click on the first or last name and answer the required 2 questions and click '**Save'**

Delete Board Member
Click on the first or last name and select '**Delete**'

Update/Change Board Member
Click on the first or last name and update the information



Adding a New Board Member:

- Click on New Record,
- On next screen:
  - Enter first and last name
  - Answer the questions
  - Click '**Save**'

Click **'Continue'**

Board Information

Applicable to all Non Profit agencies and any For Profit agency required to have a governing board of directors.

Answer the question '**Is the Executive Director or the Authorized Representative a member of the board of directors?**'

- If '**Yes**', answer the second question.

The Executive Director and the Authorized Representative cannot be members of the board unless the agency's bylaws, articles of incorporation, or the board's policies and procedures include a resolution stating they are not eligible to vote on items relating to board decisions regarding their salary or other human resource issues that affect them, such as hiring and firing of staff

Is the Executive Director or the Authorized Representative a member of the board of directors? (•) **Yes** ( ) **No**

If yes, do your bylaws, articles of incorporation or board policies and procedures include a resolution that the Executive Director or Authorized Representative is not eligible to vote on items related to the board decision regarding their salary or other human resource issues that affect them, such as hiring and firing? (•) **Yes** ( ) **No**

The Board of Directors is responsible for setting policy, fiscal guidance, and ongoing governance. It regularly reviews the organization's policies, programs, budgets and operations. Decisions are documented in the Board minutes which are maintained and available for DPI review. Board members must remove themselves from voting on decisions related to their own financial interest and that of family members.

Schedule of Board Meetings (Report the months for all governing board meetings for the upcoming federal fiscal year) [4000 characters allowed]

March 2016
June 2016
September 2016
December 2016

Schedule of Board Meetings: Enter the anticipated dates (by month, do not specify year) of all governing board meeting for the upcoming FFY.

Click **'Continue'**

Controls A

Claims processing:

CCI, ADC, and OSHCC: Must select the three boxes in the middle.

At-Risk, Emergency Shelters, or agencies with Head Start children only: Must select '**N/A**' and '**Other**'. Under '**Other**', enter the following:

- AR: Describe how daily attendance will be tracked.
- ES: Describe how a list of residents for the CACFP will be maintained.
- Head Start: Describe how daily attendance will be tracked and how a list of participants will be maintained for each month.

Claims Processing Including Enrollment Data ("At Risk After School Hours Care Sites and Emergency Shelters" - Check "N/A" below)

☐ N/A (At-Risk or Emergency Shelters Only)

☑ Attendance and enrollment records are checked to ensure all eligible participants in attendance and considered enrolled each month are the only participants recorded as Free, Reduced or Non-needy on the Household Size-Income Record for the respective month

☑ Household Size-Income Statements are reviewed each month to assure that those participants who are reported as Free or Reduced on the Household Size-Income Record have a current and correctly approved income statement on file.

☑ The DPI Household Size-Income Record is used to track the eligible participants reported as Free, Reduced, and Non-needy each month. If not, submit a copy to DPI of the form used by your agency if changes from last year's form.

☐ Other [Specify below]:

Meal Count Tallies:

- Infant Section: Select one of the boxes. Agencies not claiming infant meals should check the '**N/A**' box.
- All Agencies: Select the two boxes as shown checked in the picture.
- If '**Other'** box is checked, you must provide an explanation.

Menu Review:

- Infant Section: Select one of the boxes. Agencies not claiming infant meals should check the '**N/A**' box.
- All Agencies: Select the two boxes as shown checked in the picture.
- If '**Other'** box is checked, you must provide an explanation.

Meal Count Tallies (meal participation records, time of service meal counts)

[Check only one box below for Infant meal participation records]

☑ N/A - Our Agency does not claim meals for infants under 1 year of age.

☐ Infant meals are recorded on infant meal records as each component is offered to an infant. The completed infant meal records are reviewed by center staff who are familiar with the CACFP infant meal patterns, and those meals that meet the requirements are tallied for the claim.

☑ Meal counts of the 1 to 12 year old children or other eligible participants are recorded at the time the meal is served, while the participants are sitting at the tables or immediately afterward, counting only the participants who have been served a complete meal and remain under the center's supervision while eating.

☑ After the month has ended, daily meal count totals for the eligible participants and infant meal counts from the infant meal records (if applicable) are added together for each meal type to be claimed. All tallies and calculations are double checked for accuracy.

☐ Other [Specify below]:

Menu Review (meal pattern compliance, claiming only reimbursable meals/snacks)

[Check only one box below for Infant meal pattern compliance]

☑ N/A - Our Agency does not claim meals for infants under 1 year of age.

☐ Center staff who are familiar with the CACFP infant meal patterns tally the infant meals and snacks by reviewing the infant meal records, counting those that show all required components were offered in at least the minimum amount, with at least one item supplied by the center as the infant is developmentally ready for foods, in addition to breast milk or iron-fortified infant formula.

☑ Menus for participants age 1 and older are developed and reviewed by center staff familiar with the CACFP meal patterns to assure that all required components will be served in at least the minimum portion size for each meal and snack to be claimed for reimbursement.

☑ Center staff who are familiar with the CACFP meal patterns review the menus served during the month to assure that any substitutions made to the planned menu are documented and are creditable to the meal pattern. If required components were not served according to the CACFP meal pattern, the counts for the incomplete meals are not claimed.

☐ Other. [Specify below]:

Effective Date of the Household Size-Income Statement (HSIS) Determinations:

- **CCI, ADC, and OSHCC:** Choose one of the first two options.
- **At Risk, ES, and agencies that are only Head Start:** Choose '**N/A**'

Effective Date of Household Size-Income Statement Determinations

An agency now has the flexibility to establish the method it will use when determining the effective date of the Household Size-Income Statements. (This flexibility only applies to complete Household Size-Income Statements containing all the required information at the time of submission.) if the Household Size-Income Statement is not complete at the time of submission, the effective date is the date the completed Household Size-Income Statements is initialed by the Determining Official.)

From the choices below select the method to be used by your agency when determining the Household Size-Income Statements. The selection your agency makes must be uniformly applied to all Household Size-Income Statements and must be maintained for an entire Federal Fiscal Year (October 1 - September 30). Regardless of the choice selected, the Household Size-Income Statements expire one year from the determination date based on the method chosen.

◉ Date the Household Size-Income Statement was initialed and dated by the agency's Determining Official certifying the eligibility determination

○ Date the Household Size-Income Statement was signed and dated by the household member

○ N/A (Agency only administers At Risk and/or Emergency Shelters and/or Head Start sites.)

Click **'Continue'**

Controls B

Edits:

- Enter any additional edit checks to ensure accuracy of claim data. Check '**Other'** box if entering additional edit checks.
- Leave blank if not applicable.

Financial Viability:

- Check applicable box(es). At least one box must be checked.
- If '**Other'** box is checked, you must provide an explanation.

Procurement Procedures:

- Check applicable box(es). At least one box must be checked.
- If '**Other**' box is checked, you must provide an explanation.

Click **'Continue'**

Child And Adult Care Food Program FFY 2015 Application
Controls - B

19999 - By the Book Daycare

Edits. (Enter additional edit checks to ensure accuracy of claim data.)

☐ Other Specify below:

Financial Viability.

Source of Money. Check the box(es) below that describe the source(s) of money that your agency will have on hand to supplement food program expenditures. This may include repaying fiscal overclaims, paying food program bills during interruptions in food program reimbursement, and paying for food program costs when they exceed the earned reimbursement.

☑ Tuition or private pay

☐ Headstart

☑ Wisconsin Works (W-2 Childcare subsidy)

☐ Other Specify below:

Procurement Procedures. Check the appropriate box(es) to indicate current procurement procedures. Refer to Guidance Memorandum 4, Procurement Requirements for Purchase of Food, Supplies, and Services, for additional information.

☑ Compare prices, quality, and services offered.

☑ Goods or services purchased are under 150,000 in aggregate value. Small purchase procedures outlined in Guidance Memorandum 4 are followed to ensure best price and best value.

☐ Competitive negotiation occurs according to Guidance Memorandum 4 for goods or services over $150,000.

☐ Other Specify below:

CONTINUE

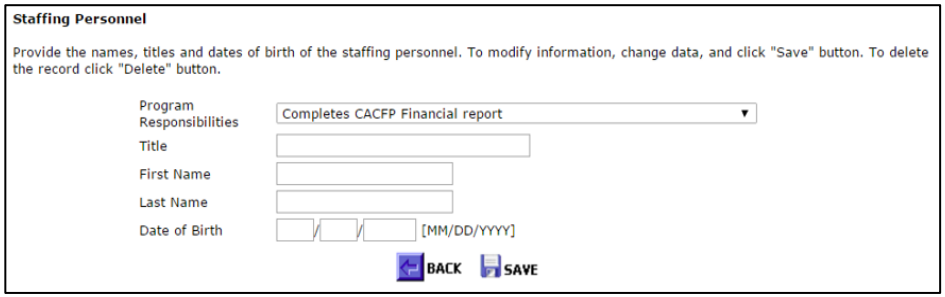
Staffing Personnel

Enter the name(s), title(s) and date(s) of birth of staff completing the required CACFP responsibilities. Use the table on the next page to determine which responsibilities apply to your type of agency. **There must be at least one staff person entered for each responsibility.** SO have additional responsibilities.

Adding a New Record

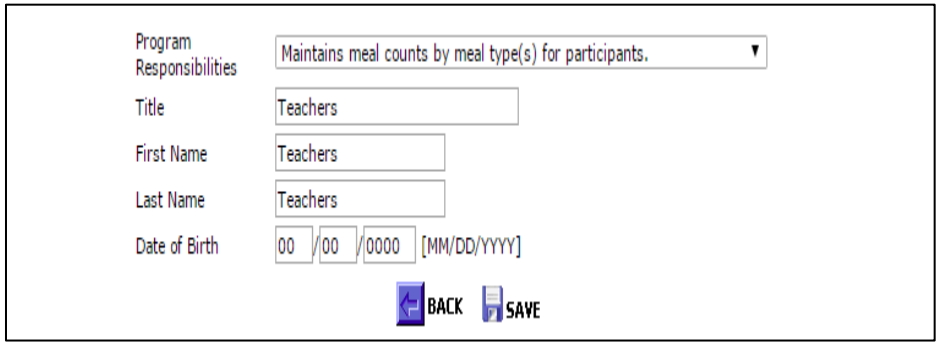
- Click on **'New Record'**

- Select a Program Responsibility from drop down box.
- Enter title, first name, last name and date of birth of the person performing each responsibility.
- Click **'Save'**
- Two or more staff may perform a given responsibility, enter each separately.



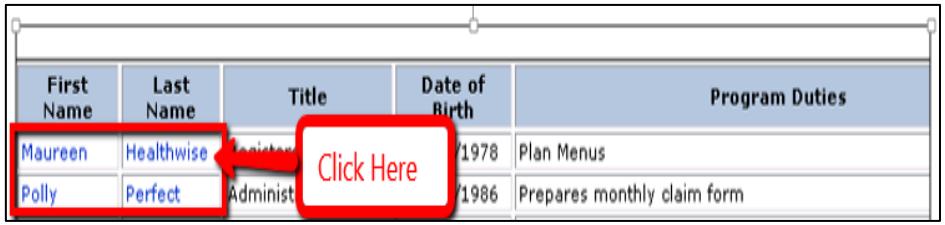
Repeat this process until all required responsibilities are listed

Note: If teachers or cooks all perform the same responsibility, enter general information in each field, including numbers for the Date of Birth. See example to the right.



Existing Entries

Update by selecting the first or last name on the *Staffing Personnel* page and update the required fields.



Click **'Continue'**

Staffing Personnel (continued)

CCI/ADC/OSHCC • **Completes CACFP Financial Report** NEW • Completes/maintains participant(s) attendance records • Maintains meal counts by meal type(s) for participants • Prepares Meals • Maintains participant(s) enrollment/intake forms • Completes production records (quantity of food prepared) • Completes, approves, and maintains household-size income record* • Approves and maintains household size-income statements* • Maintains programs fiscal ledgers, receipts, invoices, etc. • Prepares monthly claim form • Plan menus **Not applicable to Head Start only agencies*	**Emergency Shelters** • **Completes CACFP Financial Report** NEW • Maintains meal counts by meal type(s) for participants • Prepares Meals • Maintains programs fiscal ledgers, receipts, invoices, etc. • Prepares monthly claim form • Plan menus
At Risk • **Completes CACFP Financial Report** NEW • Completes/maintains participant(s) attendance records • Maintains meal counts by meal type(s) for participants • Prepares Meals • Completes production records (quantity of food prepared) • Maintains programs fiscal ledgers, receipts, invoices, etc. • Prepares monthly claim form • Plan menus	**Sponsoring Organizations (All Types)**: These are the additional responsibilities that must be completed along with the tasks listed under your type of agency. • **Training** NEW • Purchases food supplies • Supervises food preparation • Issues policies and procedures • Monitor sites • Approves site applications

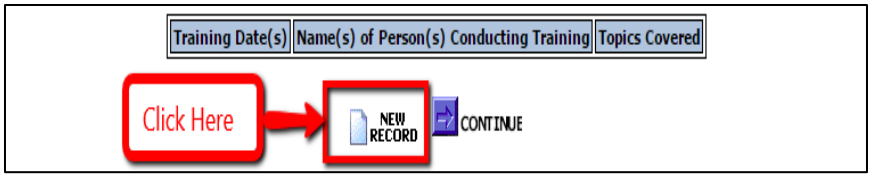
Training Information (Sponsoring Organizations Only)

Independent Centers: Training information is not applicable. Go to Budget Summary Information (Independent Agency).

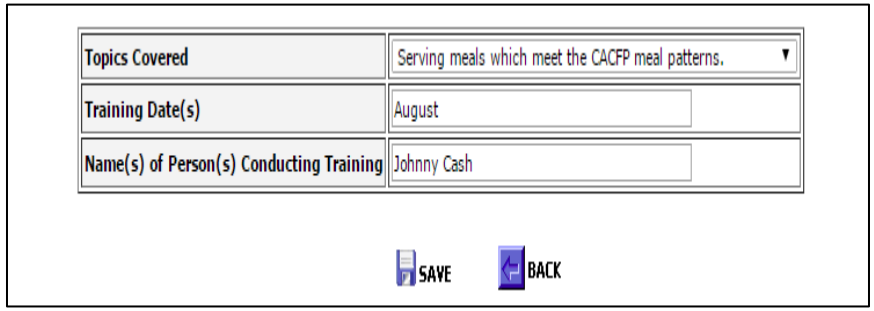
SO must provide training on CACFP responsibilities to key staff, including monitors, for all sites prior to the start of program operations **and** annually thereafter. Civil rights training must be provided to all staff who interacts with program applicants or participants, and those persons who supervise them.

Adding a New Record

- Click on **'New Record'**



- Select topics covered from the drop-down box.
- Enter training date(s) and name(s) of person(s) conducting trainings. Date(s) of training must be **listed by month, do not enter a year.**
- Click **'Save'** on the bottom.

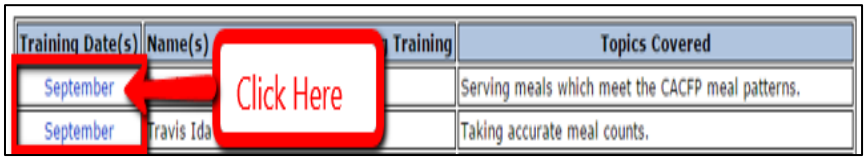


Repeat this process until all 7 training topics are listed

- Submitting accurate meal claims
- Serving meals which meet the CACFP meal patterns
- Taking accurate meal counts
- The Sponsoring Organization's review procedures
- The Program's reimbursement system
- Civil Rights Requirements for all agency staff
- Compliance with the Program's recordkeeping requirement

Existing Entries

Update by selecting the training date and update the required fields.



Click **'Continue'**

Recordkeeping Information (Sponsoring Organizations Only)

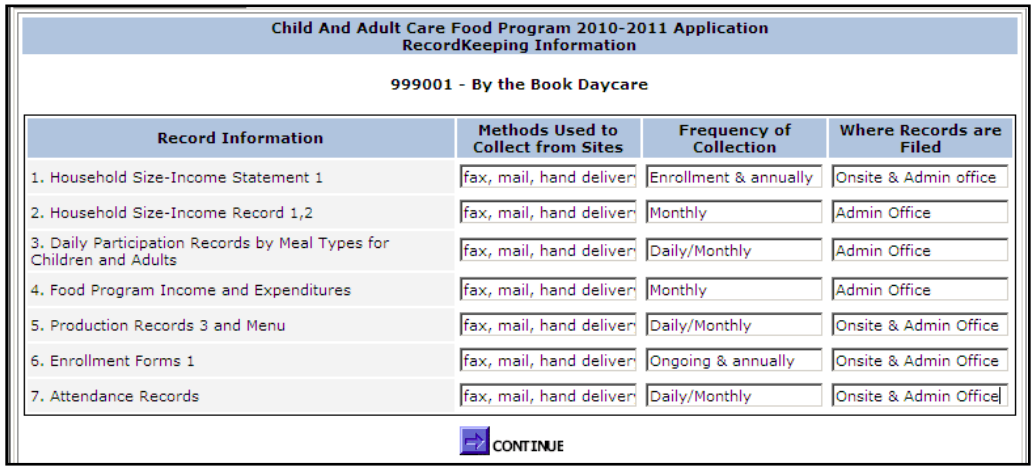
SO must report where CACFP records are maintained. Some of the records may be kept at each site, while others may be maintained at the Administrative office.

For each of the 7 records listed under '**Record Information**' enter:

- Methods used to collect from sites, if applicable.
- Frequency of collection. If records are sent to another location, enter how often this occurs (daily, weekly and/or monthly)
- Where records are filed
- If any fields are Not Applicable, enter '**N/A**'

Exceptions for Recordkeeping Information

- Household Size-Income Statements: N/A for At Risk or ES
- Household Size Income Record: N/A for At Risk or ES
- Production Records: N/A for ES
- Enrollment Forms: N/A for At Risk, ES, or OSHCC



Child And Adult Care Food Program 2010-2011 Application
RecordKeeping Information

999001 - By the Book Daycare

Record Information	Methods Used to Collect from Sites	Frequency of Collection	Where Records are Filed
1. Household Size-Income Statement 1	fax, mail, hand deliver	Enrollment & annually	Onsite & Admin office
2. Household Size-Income Record 1,2	fax, mail, hand deliver	Monthly	Admin Office
3. Daily Participation Records by Meal Types for Children and Adults	fax, mail, hand deliver	Daily/Monthly	Admin Office
4. Food Program Income and Expenditures	fax, mail, hand deliver	Monthly	Admin Office
5. Production Records 3 and Menu	fax, mail, hand deliver	Daily/Monthly	Onsite & Admin Office
6. Enrollment Forms 1	fax, mail, hand deliver	Ongoing & annually	Onsite & Admin Office
7. Attendance Records	fax, mail, hand deliver	Daily/Monthly	Onsite & Admin Office

CONTINUE

Click **'Continue'**

Controls C (Sponsoring Organizations Only)

Sponsoring Organizations and Personnel Policies

- Sponsors must have procedures for overseeing staff that monitor CACFP sites.
  - Check **'Yes'** and in the box describe how the agency will ensure the CACFP monitor is reviewing sites and meeting monitoring requirements per GM 5.

- Sponsors must have an outside employment policy for CACFP staff.
  - Check **'Yes'** and in the box describe the agency's outside employment policy.
    - The policy must restrict other employment that interferes with an employee's performance of Program related responsibilities, including outside employment that constitutes a real or apparent conflict of interest.
  - Select '**Yes**' or '**No**' to the question requiring approval for outside employment.

Sponsoring Organizations and personnel policies.

Does your agency have procedures for supervising staff that perform CACFP monitoring duties? Detail below your policies and/or procedures for supervising agency staff that monitor the sites participating in the CACFP. These policies and/or procedures must ensure effective management and monitoring of all CACFP activities at all sites. Refer to Guidance 5C (child care) and 5A (adult care) for additional information. *Explain Monitoring Policy.* CACFP Staff is trained before performing CACFP duties. Their duties are then checked to ensure they are following CACFP regulations	(•) Yes ( ) No
Does your agency have personnel policies on outside employment of CACFP employees? *Explain Outside Employment Policies.* Our policy does restrict other employment by employees that interferes with an employees performance of CACFP related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest.	(•) Yes ( ) No
Does your agency require that any outside employment be approved in advance by the sponsoring organization?	(•) Yes ( ) No

Cost Allocation Plan

- Select '**Yes'** or '**No'** for each question listed.
  - If '**Yes**' is selected for any of the three questions, a copy of the cost allocation plan must be uploaded on the Controls D page.

Cost Allocation Plan Sponsoring Organizations must answer the following three questions regarding any cost allocation plans used for preparing the budget submitted as part of this Application.

Did your agency use a cost allocation plan for CACFP-funded **personnel**(administrative and/or operational staff)? If yes, upload a copy of the cost allocation plan if it has changed on the Controls D page.	(•) Yes ( ) No
Did your agency use a cost allocation plan for CACFP-funded **office and/or operational space?** If yes, upload a copy of the cost allocation plan if it has changed on the Controls D page.	(•) Yes ( ) No
Did your agency use a cost allocation plan for CACFP-funded **supplies?** If yes, upload a copy of the cost allocation plan if it has changed on the Controls D page.	(•) Yes ( ) No

Fiscal Overclaim

- Sponsors of Unaffiliated sites: Check **'Yes'** or '**No'.**
- Sponsors of affiliated sites (same legal entity) must check **'N/A'**.

Fiscal Overclaim

Does the agency have a written policy to obtain a fiscal overclaim from its sites if the agency has determined that the site(s) has been paid an overclaim? (Not applicable to sponsors of only affiliated sites; sites that are the same legal entity as the sponsoring organization.)

( ) Yes ( ) No (•) Not Applicable-agency only sponsors sites that are the same legal entity as the sponsoring organization.

Claim Edit Checks: Select all that apply.

- At a minimum, **all** sponsoring organizations are **required** to check the 1st and 2nd boxes.

Claim Edit Checks Check the boxes below to certify that each of the two required edit checks are completed to ensure accuracy of the data submitted on the claim for reimbursement. If your agency uses some 'Other' method, specify the policy/procedure that is followed. The edit checks below must be conducted on each month's claim prior to submitting to DPI for payment.

[x] Monthly meal counts from each facility are checked to assure the site has been approved to serve the types of meals claimed.

[x] The number of meals claimed by each facility in a given month does not exceed the total of the site's number of approved meal types times days of operation times enrollment.

[ ] If a number other than enrollment, such as licensed capacity or average daily attendance, is used in the formula above, prior DPI and USDA approval is required.

[ ] Other. Specify below:

Click '**Continue**'

Budget Summary Information (Independent Agency)

Enter the projected annual income and expenses to administer the CACFP for the upcoming FFY (October 1-September 30).
Do not use commas or dollar ($) signs.

Income:

- To calculate **lines A & B**, refer to the 'Reimbursement Calculation Worksheet'
- **Lines C, D, &/or E**, enter another source and amount of income that funds your CACFP expenses.
- The total income must **equal or exceed** the total projected food service costs.

Projected Sources of Income	Projected Annual Income ($)
A. CACFP Projected Meal Reimbursement	29000.00
B. CACFP Projected Cash-in-Lieu of Commodities	0
C. Other Income (Specify below) Enrollment Fees	5000
D. Other Income (Specify below)	0
E. Other Income (Specify below)	0.0
Total Income	34000

Expenses:

- Only enter expenses paid with CACFP funds.
- If entering '**Projected other food service costs**', specify cost in designated box.
- If you include a dollar amount in one of the expense fields, you must select '**Yes'** or '**No'** in the drop-down box in the right-hand column indicating whether the expense listed will be directly paid in whole or in part with CACFP reimbursement.
- Total projected food service costs must equal or exceed CACFP Projected Meal Reimbursement and Cash in Lieu (Lines A & B).
- Total projected food service costs must equal or be less than Total Income.

Projected Expenses	Requested Food Service Cost ($)	CACFP Paid in Full or in Par
1. Projected food costs this year, including food vendor costs	15000.00	Yes
2. Projected Non Food/kitchen supply costs	400.00	Yes
3. Projected food service labor costs, *including both operational and administrative salaries and benefits*	6000.00	No
4. Projected other food service costs (specify below) Utilities	500.00	Yes
Total projected food service costs *(Line 1+2+3+4)*	21900.00	

CONTINUE

Click **'Continue'**

Budget Summary Information (Sponsoring Organization)

Refer to '**Upload Instructions**'

Attachment G:

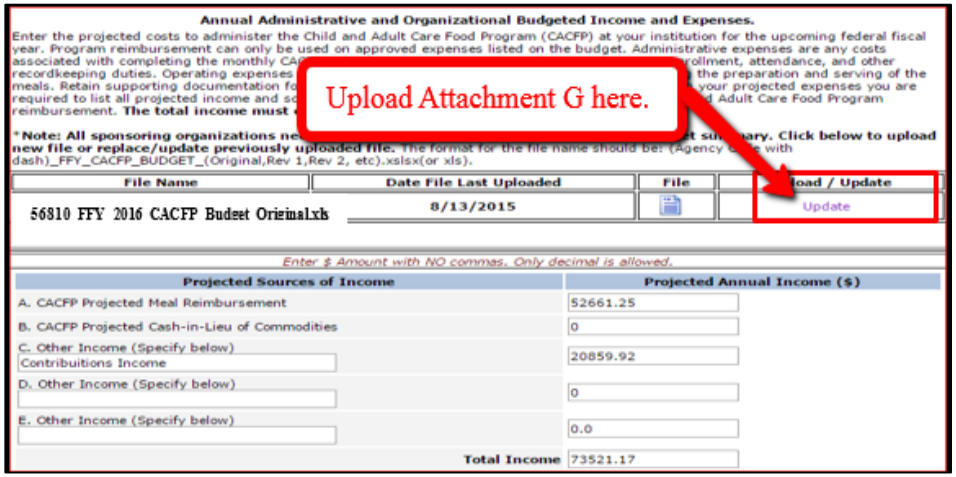
- Complete a new detailed budget (Attachment G). Instructions for completing the budget are included in the Attachment G.
- Enter projected annual income and expenses to administer the CACFP at your agency for the entire upcoming FFY (October 1 - September 30).

Income:

- Total income must equal or exceed the grand total of all expenses
- Another source and amount of income that funds your CACFP expenses must be listed in addition to the CACFP reimbursement
- To calculate CACFP Projected Meal Reimbursement, refer to the 'Reimbursement Calculation Worksheet'

Expenses:

- Administrative expenses are costs associated with compiling the claim and monitoring
- Operational expenses are costs associated with the meal service and/or kitchen



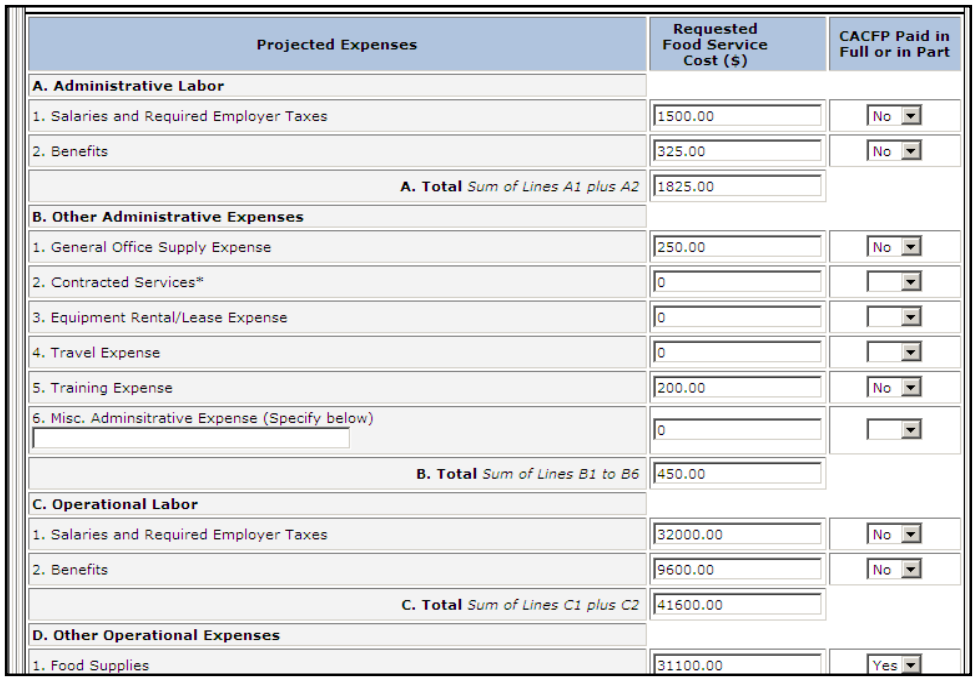
- Save the Attachment G as an Excel file. Do not convert to PDF.
- Upload to this page

Budget Summary Information Page:

- Enter the numbers from the Attachment G: Budget Summary tab onto this contract page
- Enter the projected dollar amounts so they match exactly with the Attachment G
- No commas or dollar ($) signs
- Tab through the fields on this page to have the totals calculate correctly

Expenses:

- For each expense field with an amount, select '**Yes**' or '**No**' in the drop-down box in the right-hand column indicating whether the expense will be directly paid in whole or in part with CACFP reimbursement.
- If '**Yes**', upload applicable documentation to the Controls D page.



Projected Expenses	Requested Food Service Cost ($)	CACFP Paid in Full or in Part
A. Administrative Labor		
1. Salaries and Required Employer Taxes	1500.00	No
2. Benefits	325.00	No
A. Total *Sum of Lines A1 plus A2*	1825.00	
B. Other Administrative Expenses		
1. General Office Supply Expense	250.00	No
2. Contracted Services*	0	
3. Equipment Rental/Lease Expense	0	
4. Travel Expense	0	
5. Training Expense	200.00	No
6. Misc. Adminsitrative Expense (Specify below)	0	
B. Total *Sum of Lines B1 to B6*	450.00	
C. Operational Labor		
1. Salaries and Required Employer Taxes	32000.00	No
2. Benefits	9600.00	No
C. Total *Sum of Lines C1 plus C2*	41600.00	
D. Other Operational Expenses		
1. Food Supplies	31100.00	Yes

Click **'Continue'**

Controls D (Sponsoring Organizations Only)

Refer to '**Upload Instructions**'

Financial Viability

All SO must upload:

- Support documents for any item listed in the CACFP Budget (Attachment G) as being directly paid in whole or in part with CACFP reimbursement.
- A complete copy of the agency's most recent audit (A-133, financial review by a Certified Public Account or last **Federal** tax return).
- Recruitment Policy: Explain how your agency recruits other sites, including that it will not recruit sites from another organization.

Item(s)	Document	File Last updated	File	Upload / Update	Delete
Financial Viability	Written Personnel Policies for CACFP funded enmployees			Upload	
	Job Description and Work Schedules worked for CACFP funded Administrative Employees			Upload	
	Job Description and Work Schedules for CACFP funded Operational Employees			Upload	
	Description of CACFP Funded Employee Benefits(i.e. Employee Handbook)			Upload	
	Organization Audit(A-133,financial review by CPA or last Federal tax return) *			Upload	
	Recruitment Policy for new facilities *			Upload	
	Other			Upload	

Administrative Capability (N/A for SFAs administering the NSLP and/or SBP)

All SO must upload:

- A current organizational chart, which must include the CACFP
- Organization Mission

- SO with 25 or more sites:
  - Job descriptions for CACFP monitors including percentage of time spent on monitoring
  - PI-6070-A

Administrative Capability	Current Organization Chart(must include CACFP) *			Upload	
	Organization Mission *			Upload	
	For sponsors of 25 or more sites only: Job Description for all employees performing CACFP monitoring duties including the percentage of time spent on monitoring, along with PI-6070-A			Upload	
	Other			Upload	

Program Accountability (N/A for SFAs administering the NSLP and/or SBP)

All SO must upload:

- A completed detailed description of the organization's accounting and financial system. At a minimum your description should include: how your agency funds CACFP expenses; what method is used for payment (i.e. center credit/debit card, check or invoice) of CACFP expenses; how CACFP reimbursement funds are tracked; how your agency tracks CACFP direct expenses from other center/non-CACFP expenses; include the type accounting software/system used (i.e. QuickBooks, Peachtree, etc.) and what accounts are designated for tracking of CACFP direct expenses. Also include in your description what documentation is retained on file to support the CACFP expenses reported on the quarterly financial reports. If you have a copy of the latest monthly expense tracking report for your agency include it with your description. **Written formal accounting procedures for the entire organization would be preferred.** If your agency contracts out for accounting service please have your contracted accountant supply the minimal procedures listed above along with their contact information.

Program Accountability	Detailed Description of the organizations accounting and financial system *			Upload	
	For sponsors of Unaffiliated Sites Only: Detailed Description of how you disburse CACFP payments to your facilities.			Upload	
	Other			Upload	

SO which administers unaffiliated sites (sites that do not share the same legal identity as the sponsor) must also upload a complete detailed description of how the sponsor disburses CACFP payments to the sites.

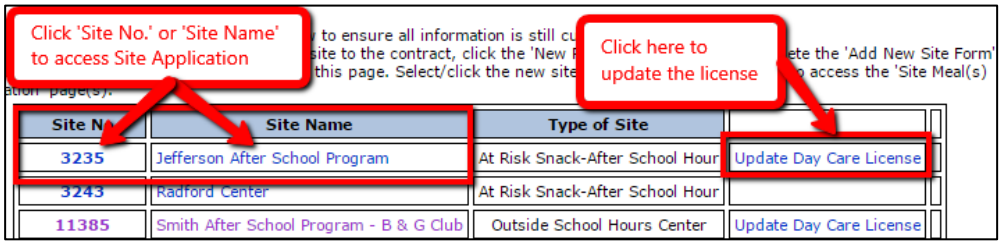
Click **'Continue'**

List of Sites

Refer to '**Upload Instructions**'

Renewing Site(s)

- If a site's license has changed, select 'Update Day Care License' to upload a **current** license for each site
- Click the '**Site No.**' or '**Site Name**' of each site to access the *Site Application* page and make any required updates



New Site(s)

- Click '**New Record**' to access the *Site Application* page
- SO: Create a '**New Record**' for each site

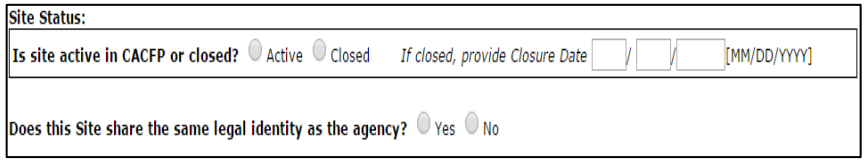
If you are an independent center, and would like to add another site refer to '[Becoming a Sponsoring Organization]' and contact your assigned Consultant.

Site Application

Site Status

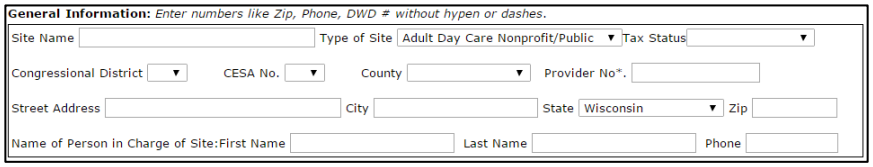
- Select '**Active**'
- To close a site refer to [Additional Information] page

- Is the site the same legal entity as the agency? Select '**Yes**' or '**No**'
  - Same legal identity: Site shares the same FEIN as the agency



General Information

- Site Name: List name of site
- Type of Site: Select the one applicable to the site
  - Non-profit child care center, select "Center-Child Care Inst. Day Care"
  - For-profit child care center, select "Child Care Title XX (For Profit)"
- Tax Status: Select For Profit, Nonprofit, or Public
- Congressional District: Use one of the following to determine the number
  - Map
  - Address Locator
- CESA Number: Use this map to determine the number
- County: Select county of the site street address
- Provider Number: Enter the 13-digit number (without dashes) assigned to you by DCF. If you do not have a provider number, enter 13 zeros (without dashes)
- Street Address/City/State/Zip: Enter for the site location
- Name of Person in Charge of Site: First name, last name, phone



Site Application (continued)

License Information:

Is the site licensed or approved by federal, state, or local authorities?
Select **'Yes'** or **'No'**

- If '**Yes**', complete this section
  - Licensed Type:
    - Select '**Licensed**'
    - ADC Only: Select '**Certified**'
  - Licensed Capacity: Enter capacity listed on license
  - Expiration Date:
    - Non-expiring license: Leave these fields blank
    - Probationary license or certified: Enter the expiration date listed on license

- If '**No**', go to 'Health and Safety Standards' section

License Information:

Is Site licensed or approved by federal, state, or local authorities? Yes No

Licensed Type ▼ Licensed Capacity Expiration Date / / [MM/DD/YYYY]

Health and Safety Standards: All agencies must answer this question

If site is not licensed, does it meet local health and safety standards?

- **Sites that are licensed, Head Start only, or operated by SFA select 'N/A'**

- All other sites select **'Yes'** or **'No'**
  - If '**Yes**', upload required documents on the *Site Upload(s)* page
  - If '**No**', you must meet local health and safety standards

Health and Safety Standards:

If site is not licensed, does it meet local health and safety standards? Yes No N/A
(If yes, upload applicable documents on the Site Uploads page.)

Operation:

Enter hours and days of operation, and age range of children attending the site

Operation *Must be within limits stated on license or certification:*

Hours of Operation	Days of Operation	Children Age Range (N/A for Adult Day Care)
From Hrs Mins ▼	Sun Mon Tue Wed	From none ▼ ▼
To Hrs Mins ▼	Thu Fri Sat	Through none ▼ ▼

Closing Dates:

Indicate if the site closes for more than one month

Closing Dates (if Any)

Does site stop CACFP operation for periods of one month or more. If Yes, Specify the dates: Yes No
Site closing dates

USDA Programs:

- If site does not participate in other child nutrition programs, select '**None**'
- If applicable, check the boxes next to the other child nutrition programs to which this site participates in:
  - Special Milk Program (SMP)
  - National School Lunch Program (NSLP)
  - School Breakfast Program (SBP)
  - Summer Food Service Program (SFSP

Check all USDA Program in which this site participates:

None SMP NSLP SBP SFSP

Site Application (Continued)

Collaborative Agreements: All agencies must answer this question

Does this site have any collaborative agreements with other entities, such as schools (e.g. 4-K classrooms), Head Start agencies, etc.?
Select **'Yes'** or **'No'.**

- If **'Yes',** provide the requested information in the box

Collabrative Agreement(s)
Does this site have any collaborative agreements with other entities, such as schools (e.g. 4-k classrooms), Head Start agencies etc.?
○ Yes ◉ No
If Yes, provide the following information below: specify whether the collaborative classroom(s) is counted within the site's licensed capacity, what meals/snacks are served to the children while in served to the children while in session, and which entity claims reimbursement for these meals.

Preapproval Visits (SO Only):

- Only for sites that are new, moved to a new location or closed for more than one month
- Indicate when staff will conduct the preapproval visit at this site **prior** to starting CACFP operation

Preapproval visits to new sites, sites in new location, or sites closed for more than one month. (Only applicable for Sponsoring Organizations)

Date(s) of Visit	Staff Conducting Visit	Location of Records

CACFP Enrollment Policy:

CCI, OSHCC, & ADC

- Select one enrollment policy for this site
- Refer to GM 6 for more information.

At-Risk Afterschool & Emergency Shelters

- AR: Describe how daily attendance will be tracked.
- ES: Describe how a list of residents for the CACFP will be maintained.

Click **'Continue'**

CACFP Enrollment Policy:

Group Child Care Centers, Outside of School Hours, and Adult Care Centers Only:
Select the CACFP enrollment policy this site follows when determining which participants are counted within each month's enrollment data on the reimbursement claim. (Enrollment data is the total numbers of Free, Reduced, and Non-needy participants who are considered enrolled within a calendar month.)The agency must consistently follow this selected CACFP enrollment policy for the site, for each claim month, unless the agency requests DPI approval by submitting its updated selection through the contract approval process.

A participant must be counted in the enrollment for a given month if (s)he has completed, current enrollment documentation on file. This site counts a participant within the reported monthly enrollment when (s)he:

☐ is in attendance at least one day in the given month;

☐ has attended at least once in the past three months;

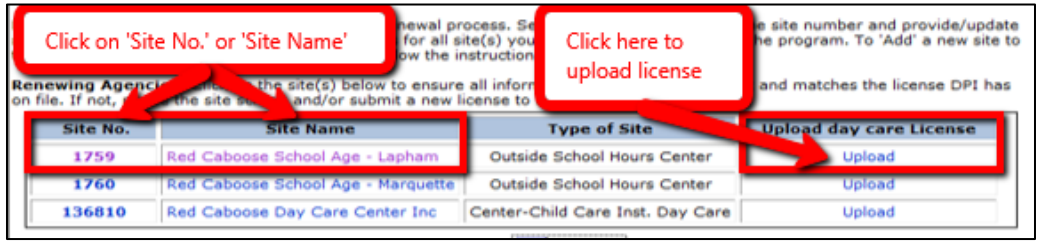
☐ the center maintains a vacant opening in anticipation of the participant(s) future attendance at the center, or

☐ Other Specify below:

At-Risk Afterschool Programs and Emergency Shelters Only:
Please specify below how attendance is documented:

NEW AGENCIES ONLY: After clicking '**Continue**' you will be brought back to the *List of Sites* page shown here.

- Upload license (Refer to **'Upload Instructions')**
- Select the '**Site No.'** or '**Site Name'** which will bring you back to the *Site Application* page. Click '**Continue**'
- Complete the *Site Meals Information* page(s).



Site No.	Site Name	Type of Site	Upload day care License
1759	Red Caboose School Age - Lapham	Outside School Hours Center	Upload
1760	Red Caboose School Age - Marquette	Outside School Hours Center	Upload
136810	Red Caboose Day Care Center Inc	Center-Child Care Inst. Day Care	Upload

Site Meal(s) Information

Food Service Data:
Indicate meal services, times, estimated average daily participation, and type of meal prep for each meal you want to claim on CACFP

- Type of Meal Prep
  - Self-Prep: Site prepares own meals
  - Central Kitchen: Meals prepared in off-site kitchen
  - Vendor/School: Purchases meals from outside vendor (i.e. schools, restaurants, hospitals)
  - Food Service Management Co.: Provides meals and manages any or all aspects of food service operations

Food Service Data Reimbursement may be made only for meals approved by DPI. Check box(es) in front of requested meal service. Also indicate the type of **Meal Preparation** for each of the meal service(s). Use the following options provided. *If site uses Vendor, School or Food Service Management Company, a contract must be submitted if this is a new site or changes are being made to the previous submitted contract.*

Requested Meal Service*	Begin Time (i.e., hh:mm)	End Time(i.e., hh:mm)	Estimated Average Daily Participation	Type of Meal Prep
☐ Breakfast	: AM PM	: AM PM	0	
☐ AM Snack	: AM PM	: AM PM	0	
☑ Lunch	12 :00 AM ◉ PM	1 :00 AM ◉ PM	60	Self Prep
☑ PM Snack	3 :00 AM ◉ PM	4 :00 AM ◉ PM	85	Self Prep
☑ Supper	5 :00 AM ◉ PM	6 :30 AM ◉ PM	60	Self Prep
☐ Additional Snack	: AM PM	: AM PM	0	

At-Risk Sites:

- Only supper and/or PM snack on regular school days may be claimed
- Breakfast or lunch may be claimed, in lieu of supper, on weekends, holidays, and school vacations. If the agency wants to claim breakfast or lunch on a non-school day, complete the information for those meals under **Food Service Data** and provide an explanation under the **Meal Reimbursement Procedure**

Vendor/Food Service Management Company Agreement:
Select '**Yes**' or '**No**' if any meals/snacks are purchased from a vendor or Food Service Management Co.

- If '**Yes**', upload the agreement on the *Site Upload(s)* page

Vendor/Food Service Management Company Agreement
Will any meals or snacks be purchased from a vendor or a Food Service Management Company? ○ Yes ◉ No

Reviews of Food Program Operations (SO Only):
Indicate number of reviews, the months in which the reviews will occur, staff conducting reviews, and location of completed review forms.

Reviews of Food Program Operations: *[For Sponsors Only]* (Refer to GM 5C) Facilities must be reviewed at least three times each year. A minimum of two of the three reviews must be unannounced, and at least one unannounced review must include the observation of a meal service where participants are present. A minimum of one review must be made during the facility's first four weeks of program operation, when new or site has moved to a new location, and not more than six months may elapse between reviews. If, in a review of a facility, a sponsoring organization detects one or more serious deficiencies, the next review of that facility must be unannounced. (Serious deficiencies are those set forth in the permanent agreement.) Unannounced reviews must be made only during the facility's normal hours of operation and monitors must possess photo identification that demonstrates that they are employees of the sponsoring organization.

No. of Reviews	Month(s) of Review	Staff Conducting Reviews	Location of Records
3	October, January, March	Lindsay Rowe-Johnson	Business Office

Meal Reimbursement Procedure:
If more than 3 meals/snacks have been checked provide a response to this question.

- Explain procedure for how site will record time of service meal counts by child and ensure that no child is claimed for more than 2 meals/1 snack or 2 snacks/1 meal per day (i.e. may use Greater than 3 Meals Records)
- Emergency shelters may claim up to three meals per child per day

Meal Reimbursement Procedure:
If more than two meals and one snack, or two snacks and one meal, are checked above, explain how the agency will ensure that reimbursement is not claimed for more than two meals and one snack, or two snacks and one meal, per child per day. (Emergency shelters may claim up to three meals per child per day.)

Explain Process when ADP exceeds licensed capacity:
If Average Daily Participation (ADP) for each meal service exceeds licensed capacity provide a narrative explanation.

Explain Process when Average Daily Participation(ADP) exceeds licensed capacity:
If the estimated ADP for any given meal service(s) exceeds the licensed capacity of the center (site), provide an explanation. If conducting "shift" feeding, list the meal service(s) and the time of each "shift" meal service below:

Click **'Continue'**

Site Meal(s) Information (Adult Day Care and At Risk Sites Only)

(Not applicable to Child Care Centers, Outside of School Hours Centers, or Emergency Shelters)

Adult Day Care Centers Only

NEW

- Must check all three boxes to certify the site meets requirements for an ADC on the CACFP
- Answer the 2 questions regarding Title III reimbursement and functionally impaired adults
- **Offer vs Serve (OVS):** If '**Yes**', specify which meal(s) OVS will be used

Adult Day Care Center:
Check all boxes to certify the following.

☐ Each adult day care center provides a community-based group program designed to meet the needs of functionally impaired adults through an individual plan of care. This program is a structured, comprehensive program that provides a variety of health, social and related support services to enrolled adult participants.

☐ Each adult day care center maintains records on the age of each enrolled person. In addition, each center maintains records which demonstrate that each enrolled person under the age of 60 meets the functional impairment eligibility requirements established under the definition of "functionally impaired adult" contained in this part.

☐ Each adult day care center maintains records which document that qualified adult day care participants reside in their own homes (whether alone or with spouses, children or guardians) or in group living arrangements meeting the Program eligibility requirements.

Does the site receive reimbursement for meals served under Title III of the Older Americans Act?	○ Yes ○ No
Does the site serve functionally impaired adults?	○ Yes ○ No

Offer Vs Serve *(This option allows participants to select foods they wish to eat at breakfast, lunch or supper)*

Does this site use the Offer Versus Serve meal service option ○ Yes ○ No

If 'Yes' indicate the applicable meal service type(s) ☐ Breakfast ☐ Lunch ☐ Supper

At Risk Afterschool Sites

NEW

Check the box to certify your agency's primary purpose at each site to be eligible for CACFP.

Site Area Eligibility

- Type the name of the school that qualifies the site by area eligibility.
- Use the Wisconsin Public School data to determine the following:
  - Enter Percentage of Children, Month, and Year

This section is only applicable for "At-Risk Afterschool site(s)

Check the box to certify your agency's primary purpose at each site
To be eligible for reimbursement, an afterschool care program must:

☐ Be organized primarily to provide care for participants after school or on weekends, holidays, or school vacations during the regular school year (an at-risk afterschool care center may not claim snacks during summer vacation, unless it is located in the attendance area of a school operating on a year-round calendar); have organized, regularly scheduled activities (i.e., in a structured and supervised environment); include education or enrichment activities. (Eligibility limitation. Organized athletic programs engaged in interscholastic or community level competitive sports are not eligible afterschool care programs.)

Site Area Eligibility Describe geographic area to be served by site. Indicate name of school if using school free/reduced data to determine area eligibility for this site.

Bethune Academy

Percentage of children to be served by site that meet eligibility requirements for free/reduced price school meals.
Percentage of Children % 98.0 [00.0] Month September ▼ Year 2014 [YYYY]

Offer versus Serve (OvS) *(This option allows participants to select 3 of 4 food items they wish to eat at breakfast and 3 of 5 items at lunch or supper)*
Only institutions that serve meals prepared by school food authorities that participate in NSLP and SBP, whether they are located in the school or in another location, have the option of using OVS in their at-risk sites. Institution electing to use OVS must implement it in accordance with the approach used by the school providing the meals.

Will the Offer versus Serve provision be used? ○ Yes ◉ No

If Yes is selected, choose the meal(s) at which Offer versus Serve will be used.
☐ Breakfast (4 different foods items must be offered) ☐ Lunch ☐ Supper

Offer versus Serve (OVS):

Only applicable to institutions that serve meals prepared by schools participating in the NSLP and/or SBP.

- Select '**Yes**' or '**No**': If '**Yes**', specify which meal(s) OVS will be used

Click **'Continue'**

Site Upload(s)

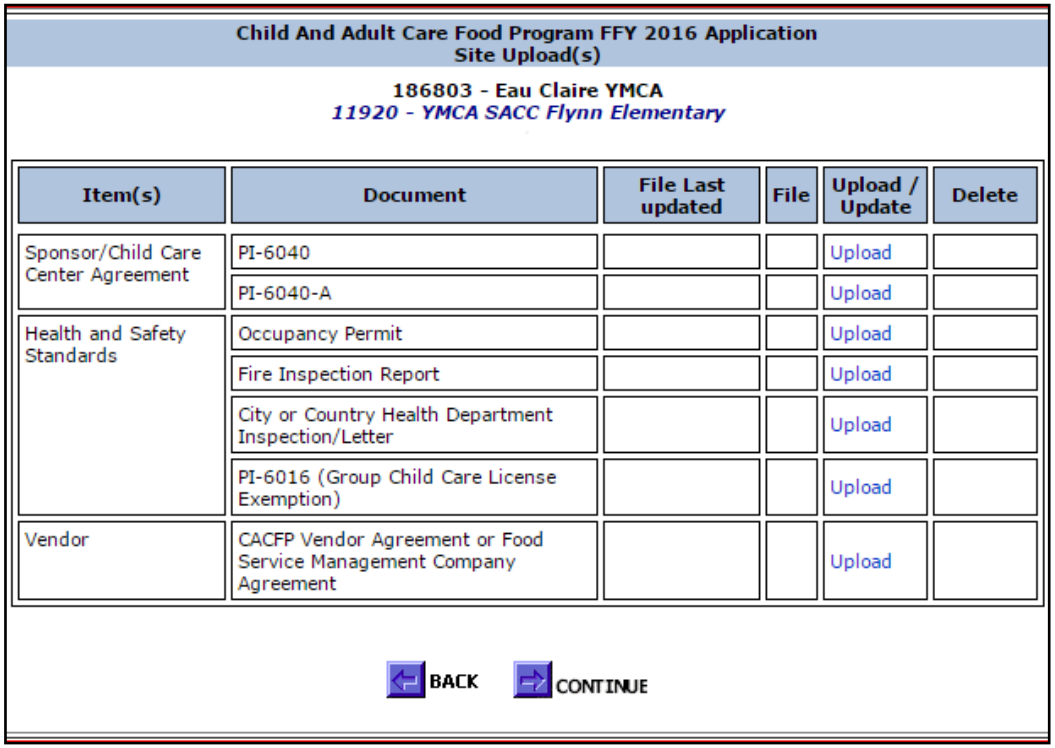
Refer to '**Upload Instructions**'

Sponsor/Child Care Agreement:
Does not apply to sites with the same legal entity

- **PI-6040**: Site receives both food and management services
- **PI-6040-A**: Site receives administrative services only

Health and Safety Standards:
Not applicable to licensed sites, Head Start only sites, and/or SFAs administering NSLP/SBP

- **Occupancy Permit**: One time submission
  - Copy of the current permit or
  - Letter from the local housing authority indicating that an occupancy permit is not required/issued
- **Fire Inspection Report**: **Upload current document each year**
  - Current report, or
  - Letter from the local fire marshal detailing how often the site(s) must be inspected, or
  - Letter from the applicable fire department certifying that the site(s) does not require a fire inspection
- **City or County Health Department Inspection/Letter: Upload current document each year**
  - Most recent inspection, or
  - Letter from the City or County Health Department certifying that there are no local health standards which are applicable to the site(s).
- **PI-6016** (Group Child Care License Exemption): **Upload current document each year**
  - Complete and upload the PI-6016 Group Child Care License Exemption.



Child And Adult Care Food Program FFY 2016 Application
Site Upload(s)

186803 - Eau Claire YMCA
11920 - YMCA SACC Flynn Elementary

Item(s)	Document	File Last updated	File	Upload / Update	Delete
Sponsor/Child Care Center Agreement	PI-6040			Upload	
	PI-6040-A			Upload	
Health and Safety Standards	Occupancy Permit			Upload	
	Fire Inspection Report			Upload	
	City or Country Health Department Inspection/Letter			Upload	
	PI-6016 (Group Child Care License Exemption)			Upload	
Vendor	CACFP Vendor Agreement or Food Service Management Company Agreement			Upload	

BACK CONTINUE

Vendor: Upload current agreement when applicable
(Only applicable to agencies receiving prepared food from an outside source or using a FSMC)

- CACFP Vendor Agreement OR
- Food Service Management Company Contract
  - SFA Only
    - If adding CACFP during the year use appropriate Amendment to add SFSP and/or CACFP to FSMC Contract
    - If completing an annual renewal use appropriate Amendment to Renew FSMC Contract

Click '**Continue**'

NOTE: You will return to the *List of Sites* page. Click '**Continue**' to access the *Program Uploads* page.

Program Uploads

Refer to '**Upload Instructions**'

New Agencies Only:

Must upload the following:

- Permanent Agreement (PI-1486-AP), signed & dated
- Federal Employer Identification Number (FEIN) documentation (one of the following):
  - Copy of the Internal Revenue Service (IRS) form SS-4 (Notice of Employer Identification Number)
  - Complete copy of your agency's most recent IRS tax form:
    - IRS form 990 (Return of Organization Exempt From Income Tax),
    - IRS form 1120 (U.S. Corporation Income Tax Return)

- **Nonprofit Agencies:** Upload documentation verifying your Federal tax exempt status.
  - Copy of your agency's 501(c)(3) IRS or
  - An equivalent Federal tax exempt documentation
- Do not upload the Wisconsin Tax Exempt Certificate

Child And Adult Care Food Program FFY 2016 Application
Program Uploads

186811 - Boys & Girls Club - Chippewa Valley

Institution Type	Document	File Last updated	File	Upload / Update	Delete
All Institutions	Permanent Agreement (PI-1486-AP)*			Upload	
	Federal Employer Identification (FEIN) documentation (IRS From SS-4 or IRS from 990) *			Upload	
	Tax exempt verification (non profits only -501(c)(3)) **			Upload	
New Sponsor Only	Statement of Unmet Program Need			Upload	
Pricing Program (Pricing Agency Only) ***	Pricing Program Addendum			Upload	
Other Institutions	Other			Upload	

Note:

* Upload is required for all

** Required if on the General information page the agency has selected Private Non profit as the Sponsor type

*** Required if Type of Program selection on General Information page is Pricing

CONTINUE

New Sponsors Only:

Unmet Program Need:

Upload a written explanation of the *Unmet Program Need* that will be addressed by your agency's sponsorship of the CACFP. To help answer this requirement, think about:

- Region(s) of services your agency is in (counties, cities);
- The need in the community you are serving;
- How your service will be different or unique from other sponsoring organizations;
- Any underserved populations not receiving CACFP without your sponsorship.

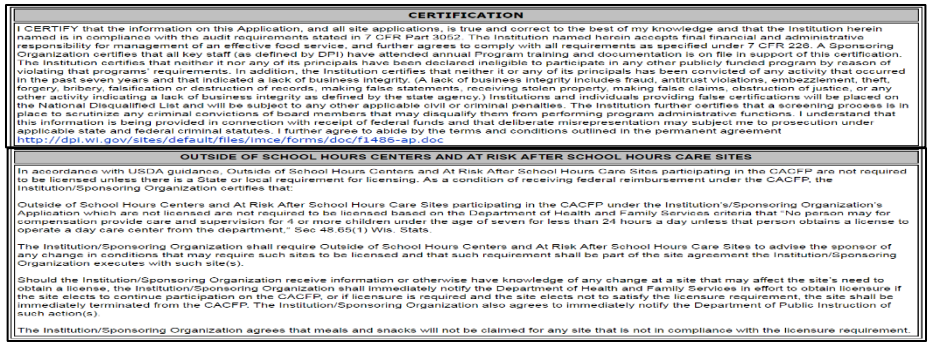
Pricing Programs:

Upload the Pricing Program Addendum each year.

Click '**Continue**'

Certification & Confirmation

Certification statement:
Read the certification statement.



CERTIFICATION

I CERTIFY that the information on this Application, and all site applications, is true and correct to the best of my knowledge and that the Institution herein named is in compliance with the audit requirements stated in 7 CFR Part 3052. The Institution named herein accepts final financial and administrative responsibility for management of an effective food service, and further agrees to comply with all requirements as specified under 7 CFR 226. A Sponsoring Organization certifies that all key staff (as defined by DPI) have attended annual Program training and documentation is on file in support of this certification. The Institution certifies that neither it nor any of its principals have been declared ineligible to participate in any other publicly funded program by reason of violating that programs' requirements. In addition, the Institution certifies that neither it or any of its principals has been convicted of any activity that occurred in the past seven years and that indicated a lack of business integrity. (A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the state agency.) Institutions and individuals providing false certifications will be placed on the National Disqualified List and will be subject to any other applicable civil or criminal penalties. The Institution further certifies that a screening process is in place to scrutinize any criminal convictions of board members that may disqualify them from performing program administrative functions. I understand that this information is being provided in connection with receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I further agree to abide by the terms and conditions outlined in the permanent agreement
http://dpi.wi.gov/sites/default/files/imce/forms/doc/f1486-ap.doc

OUTSIDE OF SCHOOL HOURS CENTERS AND AT RISK AFTER SCHOOL HOURS CARE SITES

In accordance with USDA guidance, Outside of School Hours Centers and At Risk After School Hours Care Sites participating in the CACFP are not required to be licensed unless there is a State or local requirement for licensing. As a condition of receiving federal reimbursement under the CACFP, the Institution/Sponsoring Organization certifies that:

Outside of School Hours Centers and At Risk After School Hours Care Sites participating in the CACFP under the Institution's/Sponsoring Organization's Application which are not licensed are not required to be licensed based on the Department of Health and Family Services criteria that "No person may for compensation provide care and supervision for 4 or more children under the age of seven for less than 24 hours a day unless that person obtains a license to operate a day care center from the department." Sec 48.65(1) Wis. Stats.

The Institution/Sponsoring Organization shall require Outside of School Hours Centers and At Risk After School Hours Care Sites to advise the sponsor of any change in conditions that may require such sites to be licensed and that such requirement shall be part of the site agreement the Institution/Sponsoring Organization executes with such site(s).

Should the Institution/Sponsoring Organization receive information or otherwise have knowledge of any change at a site that may affect the site's need to obtain a license, the Institution/Sponsoring Organization shall immediately notify the Department of Health and Family Services in effort to obtain licensure if the site elects to continue participation on the CACFP, or if licensure is required and the site elects not to satisfy the licensure requirement, the site shall be immediately terminated from the CACFP. The Institution/Sponsoring Organization also agrees to immediately notify the Department of Public Instruction of such action(s).

The Institution/Sponsoring Organization agrees that meals and snacks will not be claimed for any site that is not in compliance with the licensure requirement.

Check the box next to **'By checking this box, I have read and agree to above certification and permanent agreement of the CACFP'**

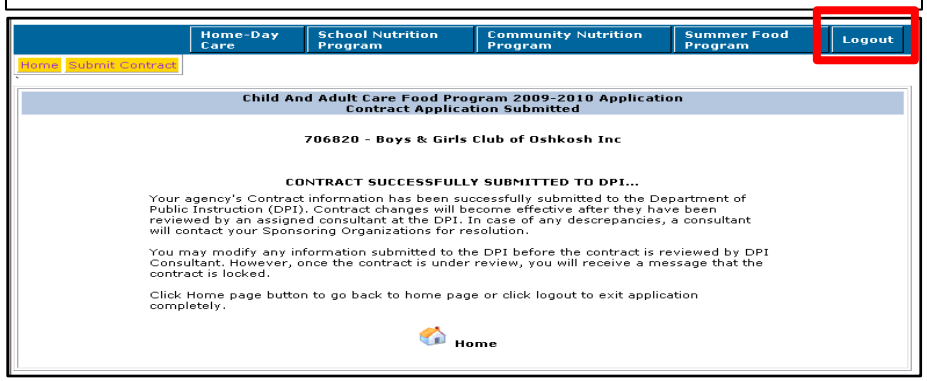
Click '**Submit**'

☐ **By checking this box, I have read and agree to the above certification and permanent agreement of the CACFP.**

Caution! Your application will be LOCKED for review by DPI upon submission. Once submitted, you will need to contact us to have it unlocked to make revisions do not submit unless you are ready to have DPI review your application.;

Submit

'**Contract Successfully Submitted**' will appear.



Home-Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Logout

Home | Submit Contract

Child And Adult Care Food Program 2009-2010 Application
Contract Application Submitted

706820 - Boys & Girls Club of Oshkosh Inc

CONTRACT SUCCESSFULLY SUBMITTED TO DPI...

Your agency's Contract information has been successfully submitted to the Department of Public Instruction (DPI). Contract changes will become effective after they have been reviewed by an assigned consultant at the DPI. In case of any descrepancies, a consultant will contact your Sponsoring Organizations for resolution.

You may modify any information submitted to the DPI before the contract is reviewed by DPI Consultant. However, once the contract is under review, you will receive a message that the contract is locked.

Click Home page button to go back to home page or click logout to exit application completely.

Home

You must click on the '<u>Logout</u>' button at the top of the screen.

Contract will be locked after it is submitted and you have logged out. If you need to get back into your contract, contact your assigned consultant.

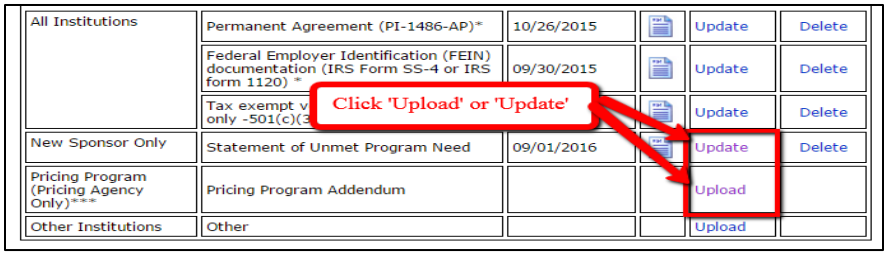
What Happens Next?

Once you have submitted the contract, your DPI consultant will review it. The agency will be notified if the contract is incomplete and of the changes that must be made. A contract will not be approved until it is complete, including all applicable uploads. Once approved, DPI will e-mail an approval letter.

NEW AGENCIES:
After your agency has a complete contract, your DPI consultant will complete a Preapproval visit to verify your agency has systems in place to operate the CACFP successfully. If the visit is successful, an email will be sent to your agency that contains the agency code and site code numbers. A separate e-mail containing the agency's log-in password will be sent to your agency and the e-mail will provide instructions on completing the Aids Banking System Information. The Aids Banking Information must be completed before final approval of the contract. After the Aids Banking Information is completed your agency will receive an e-mail indicating final approval of the CACFP contract.

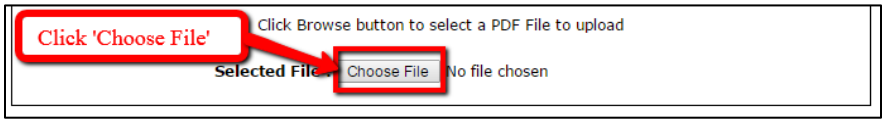
Upload Instructions

1. On the page(s) requiring an upload, click '**Upload**' or '**Update**'

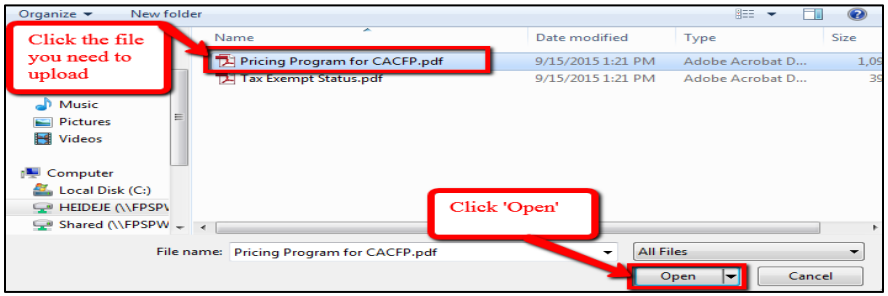


Upload: Appears when you have to upload a file for the first time
Update: Appears when you have already uploaded a file but need to upload a more current file
Delete: Only choose this if the document no longer applies to your agency

2. Click **'Choose File'**



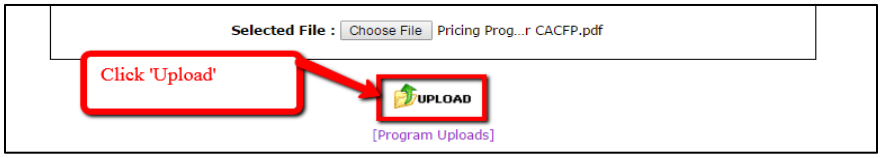
3. Locate the PDF file on your computer, click **'Open'**



IMPORTANT UPLOAD REMINDERS:

- All uploads must be in pdf format (Adobe Acrobat Reader), maximum file size **8MB.**
  - *Attachment G* must be uploaded as an Excel file
- Adobe can be downloaded for free at: http://get.adobe.com/reader/
- Jpeg must be converted to a PDF: http://www.freepdfconvert.com/
- When scanning a document as a pdf file, scan in black and white (or grayscale), with a resolution of 200 dpi or lower
- Do not include a comma (,) a dash (-) or and underscore (_) as part of the file name

4. Click '**Upload**'



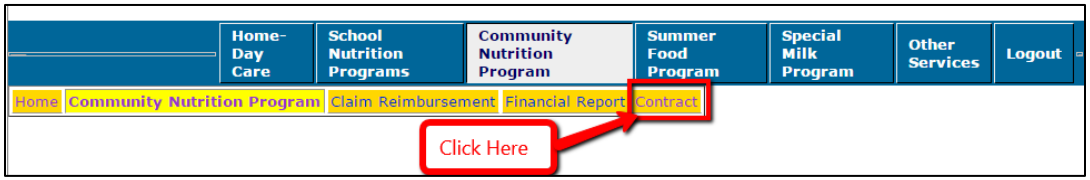
5. The upload page will reappear. Click '**Continue**'

Print/Browse the CACFP Contract

You can print and browse the approved CACFP contract at any time. Log into the contract. For instructions on how to log in, refer to Logging into the Contract.

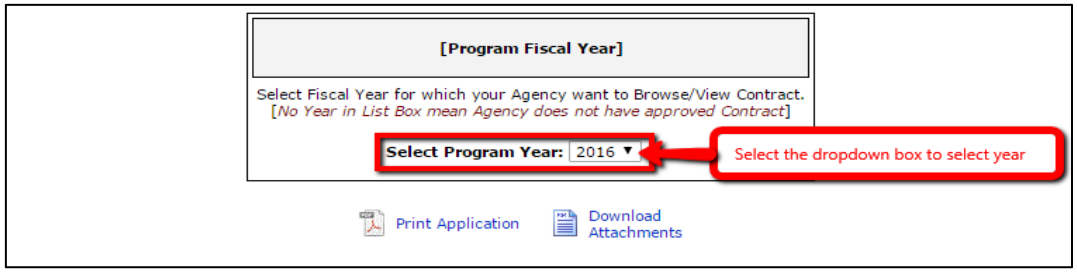
1. Select '**Community Nutrition Programs**'

2. Select '**Contract**'



3. Select '**Print-Browse Application**'

4. Select Program year from the drop down box



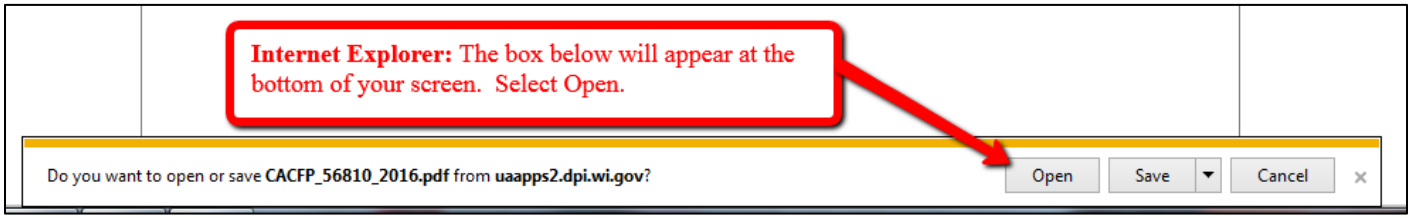
Print/Browse the CACFP Contract (continued)

5. Select '**Print Application**'.

6. Depending on the type of Internet Browser you are using, screen 1 or 2 (below) will appear allowing you to open the PDF file. You may save or print the contract.

Screen 1

Screen 2



Additional Information & DPI Contacts

Closing a Site (SO Only)

- Refer to 'Logging into the Contract'
- Click '**Continue**' until you get to the *List of Site(s)* page
- Select the '**Site No.**' or '**Site Name**' of the site that will be closed
- On the Site Application page select '**Closed**' and enter the closure date
- Click '**Continue**'
- Refer to Certification & Confirmation to submit the contract
- Email your DPI Consultant

Independent Agency: Contact your DPI Consultant

Sites that move

- If a site moves to a new location, the agency must contact their DPI Consultant for further instructions.

Password Assistance

- Contact the DPI Federal Aids and Audit Section if you forgot your password or need to change your password
  - Jacque Jordee: 608-267-9134 or jacqueline.jordee@dpi.wi.gov
  - Changing this password will change the password for all child nutrition programs, including claims for reimbursement & contract access. If you change your agency's password, you will need to notify other staff at your agency that access the claim &/or contract.

Amending the CACFP Contract

After submitting the CACFP contract, your agency may need to make changes or additions to the approved contract

- Refer to 'Logging into the Contract'
- Click **'Continue'** to proceed through the contract to make the needed changes or additions
- Refer to Certification & Confirmation to submit the contract
- Email your DPI Consultant informing them that there are changes to your contract
- You can access and update your contract online at any time after it has been approved

DPI Consultants

- You can find your assigned DPI consultant on the Consultants by County webpage

Guidance Memorandums (GM)

- Wisconsin's operations manual for the CACFP and referenced throughout the contract manual.
- Provided to help administer the program
- Include all documents needed to operate the program
- Updated when USDA requires changes or when forms are revised
- Find the GMs at the CACFP Guidance Memorandum webpage

Nondiscrimination Statement with Complaint Filing Procedures

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.